

**FORM  
5**Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2565463

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10071 4. Contact Name: ELAINE WINICK  
2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8168  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18599-00 6. County: GARFIELD  
7. Well Name: THARP Well Number: 44D-14-692  
8. Location: QtrQtr: NENE Section: 23 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 228 feet Direction: FNL Distance: 231 feet Direction: FEL  
As Drilled Latitude: 39.519208 As Drilled Longitude: -107.625761

## GPS Data:

Data of Measurement: 06/15/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. KALMON

## \*\* If directional footage

at Top of Prod. Zone Distance: 1090 feet Direction: FSL Distance: 667 feet Direction: FEL  
Sec: 14 Twp: 6S Rng: 92W  
at Bottom Hole Distance: 1112 feet Direction: FSL Distance: 652 feet Direction: FEL  
Sec: 14 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 12/07/2009 13. Date TD: 01/26/2010 14. Date Casing Set or D&A: 01/27/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8600 TVD 8382 17 Plug Back Total Depth MD 8555 TVD 833718. Elevations GR 5801 KB 5823

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL, MUD LOG, ARRAY INDUCTION, TRIPLE COMBO, NEUTRON LOG, CALIPER LOG, TEMP. LOG

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	40		0	40	CALC
SURF	12+1/4	9+5/8		0	943	240	0	943	CALC
1ST	7+7/8	4+1/2		0	8,596	571	5,100	8,600	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,797		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,533		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,107		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,340		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES: COMMENTS: THE 72 HOUR BRADENHEAD PRESSURE IS 0 PSIG.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: ELAINE WINICK

Title: PERMIT ANALYST Date: 8/25/2010 Email: EWINICK@BILLBARRETTCORP.COM

### Attachment Check List

Att Doc Num	Name
2565463	FORM 5 SUBMITTED
2565464	DIRECTIONAL SURVEY
2565465	CEMENT JOB SUMMARY

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)